



STATE OF MISSOURI  
BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)  
**APPLICATION FOR WRITTEN TEST**

1103 Rear Southwest Boulevard  
Jefferson City, MO 65109  
(573) 526-5205 (V/TTY)

**PURPOSE OF FORM:** This form is to be used by an interpreter to either apply to take the written test in the Missouri Interpreters Certification System (MICS) or have the results of a written test from another certifying organization recognized by the BCI.

**INSTRUCTIONS:** Return the completed and notarized form along with the appropriate fee (*see below*), to MCDHH, 1103 Rear Southwest Boulevard, Jefferson City, MO 65109. Fee payment must be in the form of a cashier's check or money order made payable to "MCDHH/BCI Fund". **NO PERSONAL CHECKS WILL BE ACCEPTED.**

### I. APPLICANT INFORMATION

NAME (PRINT IN FULL, INCLUDING MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

### II. WRITTEN TEST INFORMATION

**PLEASE CHECK ONE OF THE FOLLOWING:**

- ☐ I HAVE PASSED A WRITTEN TEST WITH ANOTHER CERTIFYING ORGANIZATION  
(PROVIDE DOCUMENTATION AND INCLUDE \$10.00 APPLICATION FEE)
- ☐ I WILL TAKE THE MICS WRITTEN EXAMINATION AT  
(INCLUDE \$35.00 APPLICATION, WRITTEN TEST FEE):

Location \_\_\_\_\_ ON \_\_\_\_\_ Date \_\_\_\_\_

### III. AFFIDAVIT OF APPLICANT

I, the above-named applicant, being first duly sworn upon my oath, state as follows:

I have personally completed the foregoing application truthfully, completely and without omission;

The information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief;

I will not intentionally divulge confidential information relating to the certification process, including content, topic, vocabulary, skills and or any other testing material;

I will comply with state laws and the rules and regulations of the Board for Certification of Interpreters; and

I make this affidavit knowingly, and any false statement or material omission herein subjects me to criminal penalties under section 575.050 RSMo

**MUST BE SIGNED IN  
PRESENCE OF NOTARY**

SIGNATURE OF APPLICANT

DATE

Notary Public  
Embossed Seal Or Stamp

STATE

COUNTY (Or City Of St. Louis)

SUBSCRIBED AND SWORN BEFORE ME, THIS  
DAY OF

20

NOTARY PUBLIC SIGNATURE

My Commission Expires

NOTARY PUBLIC NAME (Typed Or Printed)

### FOR OFFICE USE ONLY

Date Received	Date Written Completed	Score (%)	Fee Paid	Money Order/Cashier's Check Number	Received By
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